

## HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: 04/13/26

### OUR LEGAL DUTY

Haven Play Therapy LLC ("Practice," "we," "us," or "our") is required by applicable federal and state law to maintain the privacy and security of your protected health information ("PHI"). We are also required to provide you with this Notice of our legal duties and privacy practices.

We are required to follow the terms of this Notice currently in effect. We may change the terms of this Notice at any time. Any changes will apply to all PHI we maintain. An updated Notice will be available upon request and on our client portal.

### HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

#### 1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your mental health care and related services.

#### 2. Payment

We may use and disclose your PHI to bill and collect payment for services provided.

#### 3. Healthcare Operations

We may use your PHI for operations such as:

- Quality assessment and improvement
- Staff training and supervision
- Licensing, credentialing, and compliance activities

#### 4. Uses and Disclosures with Your Authorization

We will not use or disclose your PHI for purposes not described in this Notice without your written authorization. You may revoke your authorization at any time in writing.

### USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We may use or disclose your PHI without your written authorization in the following situations:

#### Required by Law

When required by federal or state law.

**Haven Play Therapy LLC**  
**Clarissa Webb, LPC-S, RPT-S, NCC**

**Abuse or Neglect**

If we suspect child abuse or neglect, we are required to report this to the appropriate authorities, including the Oklahoma Department of Human Services.

**Health Oversight**

For audits, investigations, and inspections by government agencies.

**Legal Proceedings**

In response to a court order, subpoena, or other lawful process.

**Serious Threat to Health or Safety**

If necessary to prevent or lessen a serious and imminent threat to you or others.

**Law Enforcement / National Security**

As required by law for law enforcement or national security purposes.

**Emergencies**

If you are unable to consent, we may use professional judgment to disclose information necessary for your care.

**Appointment Reminders**

We may contact you via phone call, voicemail, text message, email, or secure client portal regarding appointments or services.

**Required Disclosures**

We must disclose your PHI to you upon request and to the U.S. Department of Health and Human Services for compliance investigations.

**ELECTRONIC COMMUNICATION**

We may communicate with you using electronic methods such as:

- Email
- Text messaging
- Secure client portal (e.g., SimplePractice)

While we take reasonable steps to protect your information, electronic communication may carry some level of risk despite reasonable safeguards. By engaging in services, you acknowledge and accept the potential risks associated with electronic communication.

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**BREACH NOTIFICATION**

In the event that your protected health information is compromised due to a breach, you will be notified in accordance with applicable federal and state laws.

**MINORS**

In most cases, parents or legal guardians have the right to access their child's protected health information.

However, in certain situations, access may be limited, including when necessary to protect the minor's privacy or therapeutic progress:

- It is clinically inappropriate, or
- Disclosure could negatively impact the therapeutic relationship, or
- State or federal law restricts access

**YOUR RIGHTS**

**Right to Access**

You have the right to inspect and receive a copy of your PHI. Requests must be made in writing. A reasonable, cost-based fee may apply.

**Right to Request Restrictions**

You may request restrictions on how your PHI is used or disclosed. We are not required to agree to all requested restrictions; however, we will consider each request carefully.

You have the right to request that we not disclose information to your health plan if you pay in full out-of-pocket for services.

**Right to Confidential Communications**

You may request that we contact you in a specific way (e.g., only by phone, only at a specific number, or at a different address). We will accommodate reasonable requests.

**Right to Amend**

You may request an amendment to your PHI if you believe it is incorrect or incomplete. Requests must be made in writing and include a reason.

**Right to Accounting of Disclosures**

You have the right to request a list of certain disclosures of your PHI made by us, excluding those made for treatment, payment, or healthcare operations.

**Right to a Copy of This Notice**

You have the right to receive a paper or electronic copy of this Notice at any time.

Haven Play Therapy LLC  
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**QUESTIONS OR COMPLAINTS**

If you have questions or believe your privacy rights have been violated, you may contact:

Haven Play Therapy LLC  
1703 Professional Circle, Suite 2901  
Yukon, OK 73099  
(405) 822-9548  
clarissa@havenplaytherapy.com

You may also file a complaint with:

Oklahoma State Board of Behavioral Health Licensure (BBHL)  
3815 N. Santa Fe Ave, Suite 110  
Oklahoma City, OK 73118  
Phone: (405) 522-3696

U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: (800) 368-1019  
Email: OCRMail@hhs.gov

You will not be penalized or retaliated against for filing a complaint.

**ACKNOWLEDGMENT OF RECEIPT**

I acknowledge that I have received and reviewed the Notice of Privacy Practices for Haven Play Therapy LLC.

Client Name: \_\_\_\_\_

Client Signature (if age 14 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_